

196  
~~XXXXXX~~

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 1  
Name of Person Attending: Denise Timmins Working Title: Assistant Attorney General  
Department: Justice Division/Bureau/Section: Area Prosecutions  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)  
City (Cities) Traveling To: Minneapolis and Duluth MN Dates of Travel: April 27-29, 2011  
Funding Source: ☒ Appropriated State: 10% ☐ Federal: 0% ☐ Other: 0% If Other, Specify: All paid by other except meals  
(If the appropriated state funds is 0% - you do not need this waiver)  
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \_\_\_\_\_  
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐  
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_  
Reason for Travel Waiver (Select one)  
☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code §13.2(1)(1) (training prosecuting attorneys)  
☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) \_\_\_\_\_  
☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.  
Presenting to Minnesota prosecutors on topic of Human Trafficking.  
I was requested to speak prior to March 7, 2011. I accepted  
the request prior to March 7, 2011.  
Department Director Signature: [Signature] Date: 3/15/11

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

**Additional information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

**Executive Council Approval**

**APPROVED**  
**Executive Council**

**APR 04 2011**

## 000197

*Please answer all of the questions listed below.*

Page 1 of 1

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000198

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 2 -- One was 100% Federally Funded / No Waiver was needed Contact E-mail: Robin.Pruisner@IowaAgriculture.gov

Name of Person Attending: Robin Pruisner Working Title: State Entomologist

Department: Iowa Department of Agriculture & Land Stewardship Division/Bureau/Section: Consumer Protection & Industry Serv.

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: St. Louis, MO Dates of Travel: March 7 -- 9, 2011  
(If after June 30, 2011 -- you DO NOT need this waiver.)

Funding Source: ☒ Appropriated State: 100% ☐ Federal:     % ☐ Other:     % If Other, Specify:       
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$453.04

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 2-14-2011

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties. (Cite the specific statute.)     

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)     

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

A nonrefundable registration fee was paid on February 22, 2011, which was before the March 7 date of implantation for the waiver justification process.

Department Director Signature: Bill Northey

Date: 3-25-11

Department Director Printed Name: Bill Northey

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

**Additional information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

**Executive Council Approval**

**APPROVED**  
**Executive Council**

**APR 04 2011**

## 000199

*Please answer all of the questions listed below.*

Page 1 of 1

## 000200

**Please answer all of the questions listed below.**

Del



**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000301

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 1 Contact E-mail: apdlpet@dps.state.ia.us  
Name of Person Attending: Amy Pollpeter Working Title: Criminalist  
Department: Public Safety Division/Bureau/Section: DCI / Lab  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)  
City (Cities) Traveling To: Austin, TX Dates of Travel: May 24-27, 2011  
(If after June 30, 2011 - you **DO NOT** need this waiver.)  
Funding Source: ☒ Appropriated State: 100% ☐ Federal:     % ☐ Other:     % If Other, Specify:       
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)  
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1365  
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒  
If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:       
Reason for Travel Waiver (Select one)  
☐ Fulfills statutorily required duties. (Cite the specific statute.)       
☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)       
☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)       
Please see Amy's information (attached) regarding the importance of attending this conference.

Additionally: In 2004 the court surcharge on criminal fines was increased from 30% to 32%. The additional 2% was to form the basis of a fund for the repair, replacement and maintenance of scientific equipment at the DCI Laboratory, and to provide funds for training of DCI Laboratory personnel. This funding is assigned to cost center 296A. The training is essential to keep on top of developments in forensic science and to maintain the expert status of our forensic examiners. We feel it is important to be in attendance at this event, and so we respectfully request approval to utilize funding from cost center 296A to cover the expenses of this trip.

Department Director Signature: [Signature] Date: 3/28/2011

Department Director Printed Name: Larry L. Noble

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

**APPROVED**  
**Executive Council**

APR 04 2011

*[Signature]*

## 000202

*Please answer all of the questions listed below.*

Page 1 of 1

## EXECUTIVE COUNCIL

### Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Randall J. Schnoebelen Working Title: Law Enforcement Supervisor NC District

Department: Department of Natural Resources Division/Bureau/Section: Law Enforcement

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Travelling To: Madison, Wisconsin Dates of Travel: March 27, 2011 through March 30, 2011

Funding Source: ☐ Appropriated State:     % ☐ Federal:     % ☐ Other:     % If Other, Specify: Normal job duties fish and game, Trout Fund  
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$250.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) Normal job duties and maintain ILEA training certification 455A.2

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) \_\_\_\_\_

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See \_\_\_\_\_

☐ the current Executive Council Fact Sheet for qualifying criteria and provide that information in the space below.

Department Director Signature Charles D. Schuler Date: 3-24-71

*This form must be signed by a department head or agency director. Email a PDF of the form to [executiverecouncil@iowa.gov](mailto:executiverecouncil@iowa.gov)*

Additional information to assist you in completing this form.  
See Fact Sheet for more complete information.

- This waiver is required by HF-66 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

**Executive Council Approval**

**APPROVED**  
**Executive Council**

APR 04 2011



## 000204

**Please answer all of the questions listed below.**

Page 1 of 1

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000205

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 1 Contact E-mail: don.stursma@iub.iowa.gov

Name of Person Attending: Don Stursma Working Title: Manager, Safety & Engineering

Department: Commerce Division/Bureau/Section: Iowa Utilities Board/Safety & Engineering

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Newark, Ohio (Columbus area) Dates of Travel: April 25-29, 2011  
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☐ Appropriated State: \_\_\_% ☒ Federal: 60% ☒ Other: 40% If Other, Specify: Revolving Fund  
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1780

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.) \_\_\_\_\_
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Travel is necessary to attend training on new or changed program requirements when the failure to obtain such training may result in noncompliance that could cause the loss of funds or could cause penalties to be assessed against the state. The program on which training is required must be specified – Federal Pipeline Safety Grant and Certification Program (49 U.S.C. 601).

Department Director Signature: [Signature] Date: 3-30-11

Department Director Printed Name: Robert B. Berntsen

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

**Additional information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

**Executive Council Approval**

APPROVED  
Executive Council

APR 04 2011

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000206

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: One Contact E-mail: Suzanne.hutton@iwd.iowa.gov

Name of Person Attending: Eric Wiechmann Working Title: Safety Consultant

Department: Iowa Workforce Development Division/Bureau/Section: Labor – OSHA Consultation & Education

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago, Illinois Dates of Travel: May 2- May 6, 2011  
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: 50% ☒ Federal: 50% ☐ Other:     % If Other, Specify:       
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$740.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:     

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties. (Cite the specific statute.)     

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)     

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Travel is necessary – Mr. Wiechmann is enrolled in a training course that is required as part of the training track for consultants through the grant Agreement with Federal OSHA. This course was identified and budgeted for in the FFY2011 OSHA Consultation Agreement.

Department Director Signature: Teresa Wahlert Date: 3-29-11

Department Director Printed Name: Teresa Wahlert

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

**Additional information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

**Executive Council Approval**

APPROVED  
Executive Council  
APR 04 2011



000207

## STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

MAR 22 2011

DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR

Executive Council  
State Capitol  
LOCAL

EXECUTIVE COUNCIL  
2011 MAR 24 AM 9:55

RE: Request for an out-of-state travel waiver by category

Dear Council Members:

I would like to request an out-of-state travel waiver by category for Department of Human Services' social work staff to travel with very little notice to accompany children who are in the custody or guardianship of the Department in the following circumstances per Code of Iowa, Chapter 232:

- Parents abscond with child(ren) and DHS staff must return the child(ren) to the state of Iowa for the child's protection
- A child runs away to another state and must be returned through the Interstate Compact for the Placement of Children
- A child's behaviors result in immediate discharge from an out-of-state facility and the child must return to Iowa
- A child successfully completes treatment at an out-of-state facility and DHS is provided minimal time to make arrangements to return the child to Iowa
- DHS is notified of an opening for a child in an out-of-state placement, and immediate travel is necessary to meet the child's needs
- The Juvenile Court orders a child placed out-of-state to appear in Court with little notice
- Federal IV-B regulations require regular visits with children placed out-of-state.

All minors must be accompanied when traveling. At times, health or behavioral issues of a child may require more than one staff to participate in the travel. More than one staff is also required when transporting a large sibling group. Immediate travel arrangements are often necessary to ensure the care needs of children are being met, and to minimize the time children may spend in out-of-state shelters or foster care. The resources necessary to find alternative emergency placements in other states and complete the contracting process is both time and cost prohibitive.

The Department handles approximately four to six requests monthly for airline tickets for DHS staff in the aforementioned situations. If it is cost-effective and safe for the child and worker, DHS staff may travel by car to transport children. The expenses incurred include transportation costs, food, and hotel expenses.

Thank you for your consideration of this request.

Sincerely,

Charles M. Palmer  
Director

APPROVED  
Executive Council  
APR 04 2011

CMP/va



000208

## STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES M. PALMER, DIRECTOR

MAR 29 2011

Executive Council  
State Capitol  
LOCAL

RE: DHS-Institution Request for Waiver by Category for Out-of-State Travel

Dear Council Members:

I would like to request an out-of-state travel waiver by category for Department of Human Services' institution direct care and medical staff who routinely travel out-of-state and may include overnight stays when accompanying and supporting institution clients:

- Throughout emergency and acute hospitalization,
- While receiving other specialized health treatment,
- During out-placement visits and other placement activities to facilitate the timely and appropriate discharge of institution clients.

The DHS institutions and facilities include the State Resource Centers, the Mental Health Institutions, the Juvenile Facilities, and the Civil Commitment Unit for Sexual Offenders (CCUSO).

DHS Institutions/ Facilities	Iowa Code Reference	Duties
Mental Health Institutions	226.6 The superintendent shall: 1. Have the control of the medical, mental, moral, and dietetic treatment of the patients in the superintendent's custody subject to the approval of the administrator.	To provide required control, the superintendent can provide institution staff to accompany an MHI patient during medical treatment or during discharge placement.
State Resource Centers	222.4 The superintendents shall: 1. Perform all duties required by law and by the administrator not inconsistent with law. 2. Oversee and insure individual treatment and professional care of each patient in the resource centers. 3. Maintain a full and complete record of the condition of each patient in the resource centers. 4. Have custody, control, and management of all patients in such manner as deemed best subject to the regulations of the administrator.	To provide patient oversight, custody, and control; the superintendent can provide staff to accompany a SRC patient during medical treatment or during discharge placement.  <b>APPROVED</b> Executive Council  APR 04 2011



DHS Institutions/ Facilities	Iowa Code Reference	Duties
State Training School	233A.2 The superintendent has charge and custody of the juveniles committed to the state training school. The superintendent shall administer the state training school and direct the staff in order to provide a positive living experience designed to prepare the juveniles for a productive future.	To address custodial responsibilities, the superintendent can provide staff to accompany a STS youth during medical treatment or during discharge placement.
Iowa Juvenile Home	233B.1 2. The Iowa juvenile home shall be maintained for the purpose of providing care, custody, and education of the children committed to the home. The children shall be wards of the state. The children's education shall embrace instruction in the common school branches and in such other higher branches as may be practical and will enable the children to gain useful and self-sustaining employment. The administrator and the superintendent of the home shall assist all discharged children in securing suitable homes and proper employment.	To address custodial and discharge responsibilities, the superintendent can provide staff to accompany an IJH youth during medical treatment or during discharge placement.
Civil Commitment Unit for Sexual Offenders	229A 7. The control, care, and treatment of a person determined to be a sexually violent predator shall be provided at a facility operated by the department of human service. At all times prior to placement in a transitional release program or release with or without supervision, persons committed for control, care, and treatment by the department of human services pursuant to this chapter shall be kept in a secure facility and those patients shall be segregated at all times from any other patient under the supervision of the department of human services.	CCUSO provides for the control, care, and treatment of persons under civil commitment who are determined to be sexually violent predators. CCUSO is required to maintain security for patients receiving health-related services in other settings. To maintain control and security, CCUSO can be required to provide staff to accompany patients while off facility grounds.

During client hospitalization and other health treatment, staff that is present provides a vital service to both the client and the treating hospital and health professionals. Clients of DHS' facilities may be unable to answer health-related questions. Having facility staff who know the client's medical conditions (such as allergies) present during hospitalization lessens the risk of hospital staff missing information provided in written medical records. Some clients are non-verbal, and having a staff who knows the client present can assist others with interpreting behavior, such as signs of discomfort. For clients with difficulty swallowing, providing oral intake can be dangerous unless hospital staff is trained on the patient's oral intake regimen. Again, hospital staff can be provided with information but many clients have highly specialized requirements for food textures and amounts of food



consumed per bite. Training hospital staff adequately would have to occur over multiple hospital shifts and with multiple staff persons. Clients with significant self-harm behaviors or other mental health challenges can require more support and protection than an acute care hospital can, or is equipped to, provide.

Experience has proven that transmitting several inches of records is less effective than providing a staff person who knows the client to coordinate and facilitate needed care. The United States Department of Justice praised Iowa's practice of providing staff to support clients during hospitalizations.

State institutions also promote the appropriate discharge and out-placement of its clients. Out-placement activities are also in accordance with the principles established in *Olmstead v. L.C.*, 527 U.S. 581 (1991), in order that services are provided in the most community-based, integrated setting appropriate to an individual's need and in the least restrictive setting. There are occasions where, due to the unique health and behavioral health needs of an individual, the appropriate community-based setting is an out-of-state facility. There are also instances where the discharge plan is to an out-of-state relative. Time sensitive travel arrangements can be necessary to ensure an opening at a facility is not lost and to minimize the length of stay and related costs at the state institution.

Approval of this waiver by category will allow the DHS institutions and facilities to continue to promote the health and safety of their clients while traveling out-of-state for acute hospital stays, while receiving other specialized health treatment, and for out-placement visits and other discharge placement activities.

Thank you for your consideration of this request for a waiver by category.

Sincerely,



Charles M. Palmer  
Director

CMP/JN/kt